

To help the financially needy obtain high-quality health care that is affordable, promotes independence, and provides customer satisfaction.



MassHealth Independent Nurse Training and Resource Guide for PCSS

Electronic Billing - PCSS

Provider Claim Submission Software (PCSS) was created to give MassHealth providers access to electronic transactions to allow MassHealth and providers to move toward standardization and electronic billing.

Software is **free of charge** and can be easily downloaded from: www.mass.gov/masshealth/pcss or may be sent on a CD.

To download:

Select a local drive on your PC.

Save the installation program (SETUP.EXE) to a temporary folder (ex. Windows Desktop)

(The client installation procedure is located within the installation directory)

PCSS - Functions

- All PCSS functions are available from the main toolbar action buttons and menu



- Import, enter, modify, process, and prepare Professional PDN claims
- Maintain all supporting reference files (patient, payer, provider, etc.)
- Launch you claim submission and related data communication software
- Schedule delayed and daily recurring claim activities
- Launch the ANSI-835 Electronic Remittance program
- Perform system backup/restore and other maintenance functions
- Send support mail to your distributor (MassHealth)

PCSS – Logging On

Logging in the First Time:

Users are required to log into PCSS before performing any system activities. As downloaded, PCSS is configured with a single default user ID and password with full system access rights.

Default User ID: SYSADMIN

Default Password: SYSADMIN

IMPORTANT: You should change the default user's password as soon as possible if you are concerned about controlling user access at your facility

PCSS – Reference File Maintenance



The Reference File Maintenance form provides an interface to access all PCSS reference files including:

- Provider information
- Client information
- Procedure code information
- Payer information

The reference file is accessed by selecting the third icon that looks like a folder.

PCSS – Reference File Maintenance

Reference File Maintenance

File View Reports

Patient Payer Provider (Inst) Provider (Prof) Codes/Misc

PCN	Last Name	First Name	MI	DOB	LOB
JONES12345	JONES	JOHN		03/21/1963	MCD/MCD

Sort By: ☒ Patient PCN ☐ Patient Name

List Filter Options

☒ Show all patients (no filter applied)

☐ Filter list to include Patient PCNs starting with

☐ Filter list to include Patient Names starting with

New View/Update Delete Close

Once you open the reference file, each option is displayed across the top of the form. You need to enter the reference information for both the member and the provider. Select the tab across the top and then select the new button in the bottom left corner.

PCSS – Patient Information

The screenshot shows a software window titled "Patient Information" with a blue header bar and a close button (X) in the top right corner. Below the header is a tabbed interface with five tabs: "General Information", "Extended Info", "Primary Insured (Inst)", "Primary Insured (Prof)", and "Secondary Insured". The "General Information" tab is currently selected. The form contains several input fields and checkboxes. On the left side, there are fields for "Last Name" (containing "JONES"), "First Name" (containing "JOHN"), "MI" (empty), "Gen" (containing "M"), and "Patient Control No (PCN)" (containing "JONES12345"). Below these is a section for "Patient Address" with a multi-line "Address" field (containing "123 MAIN STREET"), "City" (containing "BOSTON"), "State" (containing "MA"), "Zip" (containing "02110-0000"), and "Phone" (containing "(617) 555-1234"). At the bottom left is a "Notes" section with a text area and scrollbars. On the right side, there is a "Patient Status" section with fields for "Active Patient" (checkbox checked), "Sex" (containing "M"), "DOB" (containing "03/21/1963"), "Marital Status" (containing "S"), "Employment Status" (containing "1"), "Student Status" (checkbox unchecked), and "MSA Code" (empty). To the right of this section are fields for "Discharge Status" (checkbox unchecked), "Death Ind" (checkbox unchecked), "DOD" (empty), "Signature On File" (checkbox unchecked), "Release of Info" (checkbox unchecked), and "ROI Date" (empty). At the bottom right are two buttons: "Save" and "Close".

Patient Information				
General Information Extended Info Primary Insured (Inst) Primary Insured (Prof) Secondary Insured				
Last Name	First Name	MI	Gen	Patient Control No (PCN)
JONES	JOHN		M	JONES12345
Patient Address				
Address				
123 MAIN STREET				
City				
BOSTON				
State				
MA				
Zip				
02110-0000				
Phone				
(617) 555-1234				
Notes				
Patient Status				
Active Patient				
Y				
Sex				
M				
DOB				
03/21/1963				
Marital Status				
S				
Employment Status				
1				
Student Status				
MSA Code				
Discharge Status				
Death Ind				
DOD				
Signature On File				
Release of Info				
ROI Date				
Save				
Close				

Enter all of the information required for the MassHealth member. The system will confirm the required fields before allowing you to complete the Save option. You may also select the alt & F2 keys to highlight the required fields.

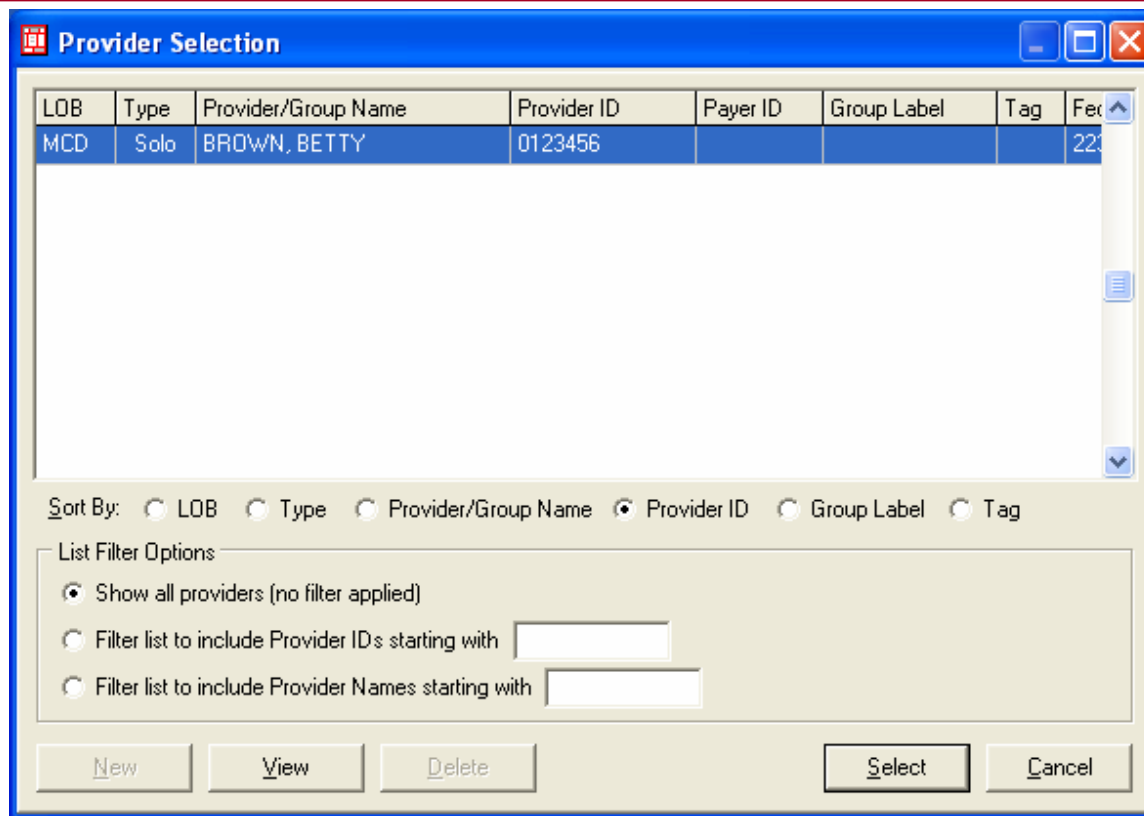
PCSS – Patient Information

The screenshot shows a software window titled "Patient Information" with a blue header bar and a close button (X) in the top right corner. The window contains several tabs: "General Information", "Extended Info", "Primary Insured (Inst)", "Primary Insured (Prof)", and "Secondary Insured". The "General Information" tab is currently selected. Below the tabs, there are input fields for "Payer ID" (containing "DMA7384"), "Payer Name" (containing "MASSHEALTH"), and "LOB" (containing "MCD"). To the right of these fields is a section titled "Insured Information Options" with two radio buttons: "Common Inst & Prof" and "Separate Inst & Prof", with the latter being selected. Below these are fields for "Group Name", "Group Number", and "Claim Office". A "Clear All Fields For Insured" button is located to the right of the "Group Number" field. Below the "Clear" button are two tabs: "Insured Information (F7)" and "Employer Information (F8)". The "Insured Information (F7)" tab is selected. It contains a table-like structure with columns: "Rel", "Last Name", "First Name", "MI", "Gen", and "Insured ID". The "Rel" field contains "18", "Last Name" contains "JONES", "First Name" contains "JOHN", "MI" is empty, "Gen" contains "M", and "Insured ID" contains "0123456789". Below this table are fields for "Address" (containing "123 MAIN STREET"), "Sex" (containing "M"), "DOB" (containing "03/21/1963"), "City" (containing "BOSTON"), "State" (containing "MA"), "Zip" (containing "02110-0000"), "Employ Status" (containing "1"), "Assign of Benefits" (checkbox), "Release of Info" (checkbox), "ROI Date" (empty), and "Retire Date" (empty). At the bottom of the window are "Save" and "Close" buttons.

Rel	Last Name	First Name	MI	Gen	Insured ID
18	JONES	JOHN		M	0123456789

You will also need to enter MassHealth as a payer for the member. You may also select the alt & F2 keys to highlight the required fields.

PCSS – Provider Information



The screenshot shows a window titled "Provider Selection" with a table of provider information. The table has columns: LOB, Type, Provider/Group Name, Provider ID, Payer ID, Group Label, Tag, and Fee. The first row shows "MCD", "Solo", "BROWN, BETTY", "0123456", and "22". Below the table is a large empty area for a list. At the bottom, there are "Sort By" options (LOB, Type, Provider/Group Name, Provider ID, Group Label, Tag) and "List Filter Options" (Show all providers, Filter by Provider ID, Filter by Provider Name). Buttons at the bottom include "New", "View", "Delete", "Select", and "Cancel".

LOB	Type	Provider/Group Name	Provider ID	Payer ID	Group Label	Tag	Fee
MCD	Solo	BROWN, BETTY	0123456				22

Sort By: ☐ LOB ☐ Type ☐ Provider/Group Name ☒ Provider ID ☐ Group Label ☐ Tag

List Filter Options

☒ Show all providers (no filter applied)

☐ Filter list to include Provider IDs starting with

☐ Filter list to include Provider Names starting with

New View Delete Select Cancel

To add your provider information to the Reference File Maintenance, select the new button at the bottom left hand side of the screen.

PCSS – Provider Information

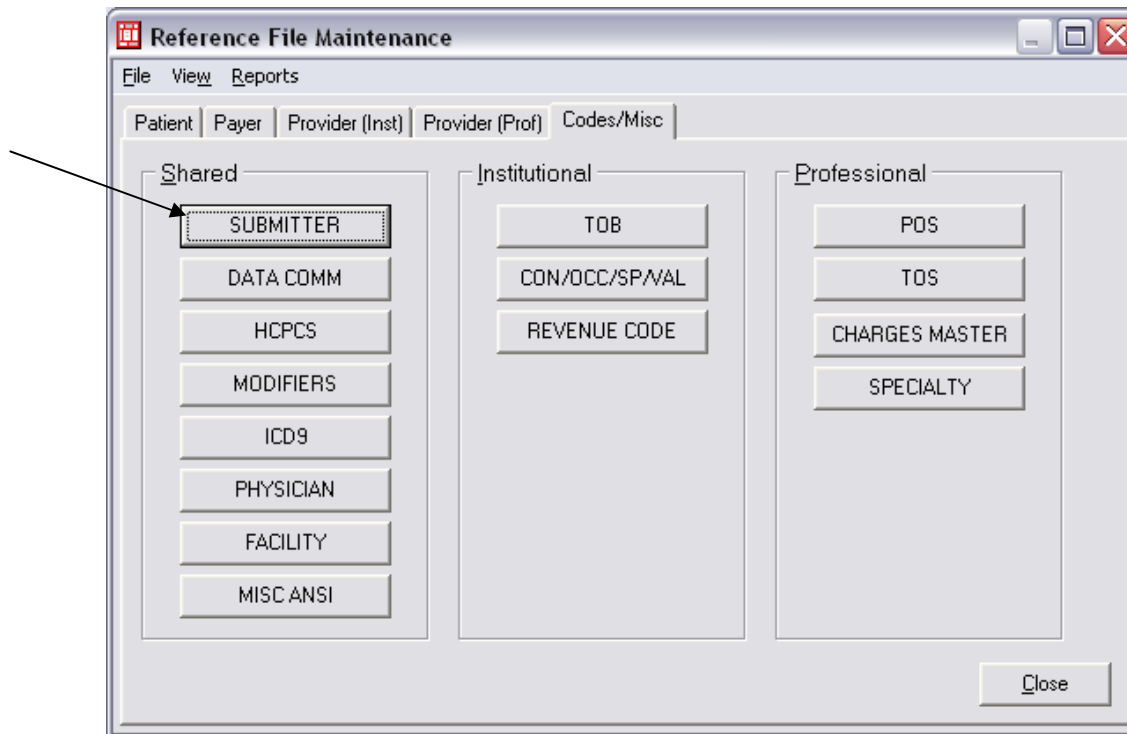
The screenshot shows a web-based form titled "Professional Provider Information" with a blue header bar. Below the header are two tabs: "General Info" (selected) and "Extended Info". The form contains several sections of input fields:

- Provider Type:** Three radio buttons: "Group Practice", "Individual in Group", and "Solo Practice" (selected).
- Organization:** A text input field.
- Last/First/MI:** Three text input fields containing "BROWN", "BETTY", and an empty field.
- Address:** A text input field containing "123 BROAD STREET".
- City/St/Zip:** Three text input fields containing "BOSTON", "MA", and "02110-".
- Phone:** A text input field containing "(617) 555-5678".
- Fax:** A text input field containing "() - - - -".
- Contact:** A text input field containing "BETTY BROWN".
- Provider ID/No.:** A text input field containing "0123456".
- LOB:** A dropdown menu showing "MCD".
- Payer ID:** A text input field.
- Tag:** A text input field.
- Remarks:** A large text area.
- Group Label:** A text input field.
- Tax ID/Type:** A text input field containing "223456789" and a dropdown menu showing "S".
- UPIN:** A text input field.
- Specialty:** A text input field.
- Type Org:** A dropdown menu.
- Taxonomy:** A text input field.
- Accept Assign?:** A dropdown menu showing "A".
- Participating?:** A checkbox.
- Signature Ind:** A dropdown menu showing "Y".
- Date:** A text input field containing "01/01/2005".
- Provider Roles:** Two checkboxes: "Billing" (selected, "Y") and "Rendering" (selected, "N").
- Provider Associations:** A table with columns "LOB", "Provider ID", and "Provider/Group Name".

At the bottom right of the form is a "Close" button.

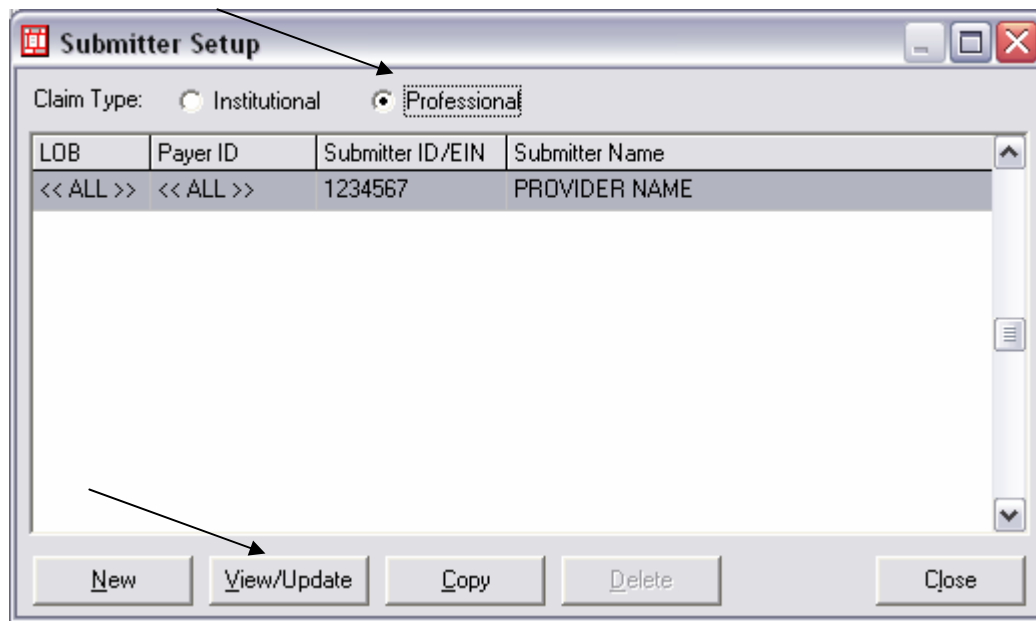
Enter all of the information required for your provider number. The system will confirm the required fields before allowing you to complete the Save option. You may also select the alt & F2 keys to highlight the required fields.

PCSS – Submitter Information



You must set up your submitter information prior to submitting your claims. On the Reference File Maintenance screen, select Codes/Misc, then select submitter.

PCSS – Submitter Information

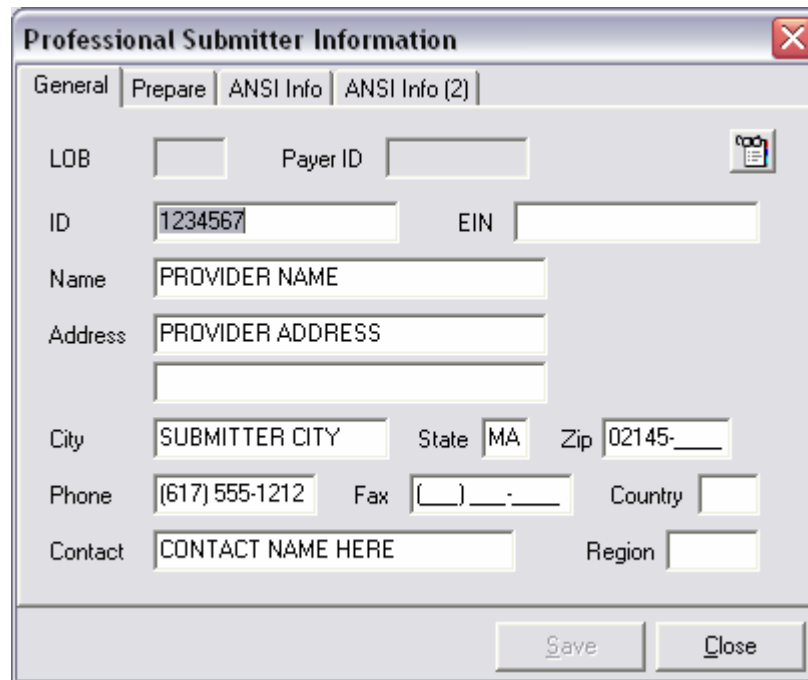


The screenshot shows a window titled "Submitter Setup". At the top, there are two radio buttons for "Claim Type": "Institutional" and "Professional". The "Professional" radio button is selected. Below this is a table with four columns: "LOB", "Payer ID", "Submitter ID/EIN", and "Submitter Name". The first row of the table contains the values "<< ALL >>", "<< ALL >>", "1234567", and "PROVIDER NAME". At the bottom of the window, there are five buttons: "New", "View/Update", "Copy", "Delete", and "Close". The "View/Update" button is highlighted with a black arrow.

LOB	Payer ID	Submitter ID/EIN	Submitter Name
<< ALL >>	<< ALL >>	1234567	PROVIDER NAME

On the Submitter Setup screen, select Professional, then select View/Update.

PCSS – Submitter Information



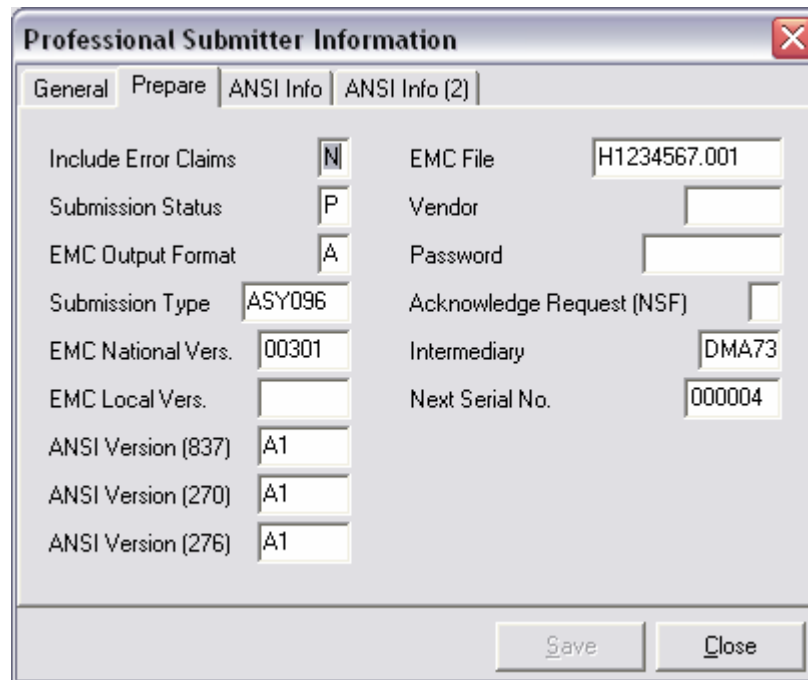
The screenshot shows a software window titled "Professional Submitter Information" with a close button (X) in the top right corner. The window has four tabs: "General", "Prepare", "ANSI Info", and "ANSI Info (2)". The "General" tab is selected. The form contains the following fields:

- LOB: [Empty field]
- Payer ID: [Empty field]
- ID: [1234567]
- EIN: [Empty field]
- Name: [PROVIDER NAME]
- Address: [PROVIDER ADDRESS]
- City: [SUBMITTER CITY]
- State: [MA]
- Zip: [02145-__]
- Phone: [(617) 555-1212]
- Fax: [() __-__]
- Country: [Empty field]
- Contact: [CONTACT NAME HERE]
- Region: [Empty field]

At the bottom right of the window are two buttons: "Save" and "Close".

On the Professional Submitter Information screen, under the General tab, enter your MassHealth provider number in the ID field and complete your name, address, phone number and contact name.

PCSS – Submitter Information

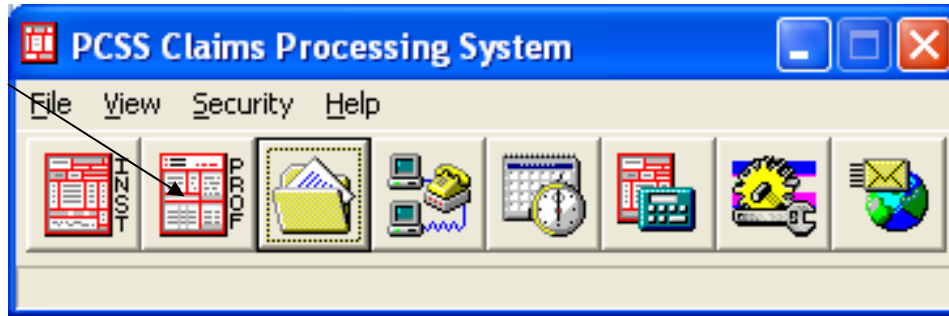


The screenshot shows a Windows-style dialog box titled "Professional Submitter Information". It has four tabs: "General", "Prepare", "ANSI Info", and "ANSI Info (2)". The "General" tab is selected. The dialog contains two columns of fields. The left column includes: "Include Error Claims" (checkbox, checked), "Submission Status" (dropdown, "P"), "EMC Output Format" (dropdown, "A"), "Submission Type" (dropdown, "ASY096"), "EMC National Vers." (text box, "00301"), "EMC Local Vers." (text box, empty), "ANSI Version (837)" (dropdown, "A1"), "ANSI Version (270)" (dropdown, "A1"), and "ANSI Version (276)" (dropdown, "A1"). The right column includes: "EMC File" (text box, "H1234567.001"), "Vendor" (text box, empty), "Password" (text box, empty), "Acknowledge Request (NSF)" (checkbox, unchecked), "Intermediary" (text box, "DMA73"), and "Next Serial No." (text box, "000004"). At the bottom right are "Save" and "Close" buttons.

Field	Value
Include Error Claims	<input checked="" type="checkbox"/>
Submission Status	P
EMC Output Format	A
Submission Type	ASY096
EMC National Vers.	00301
EMC Local Vers.	
ANSI Version (837)	A1
ANSI Version (270)	A1
ANSI Version (276)	A1
EMC File	H1234567.001
Vendor	
Password	
Acknowledge Request (NSF)	<input type="checkbox"/>
Intermediary	DMA73
Next Serial No.	000004

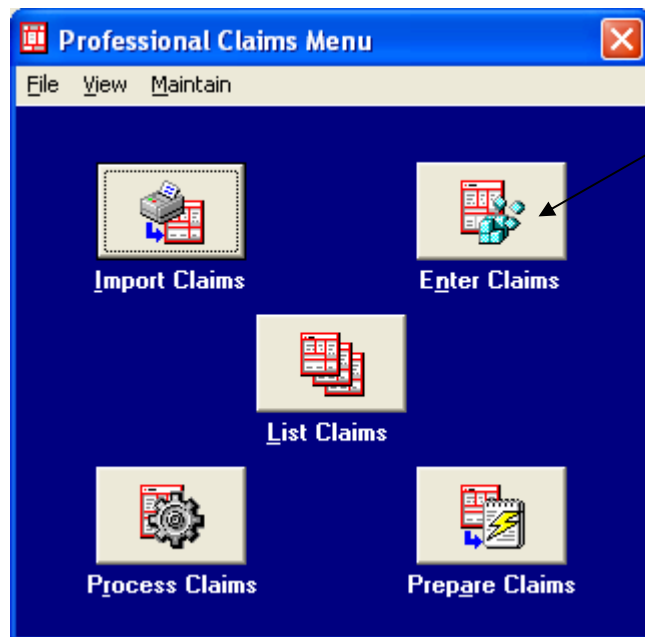
On the General tab, enter the EMC File name. This will be the file name that your claims are saved to when you prepare them for submission. It is suggested that you use HXXXXXXX.001, where X is your MassHealth provider number. You may now close out of these screens.

PCSS – Entering A Claim



To begin entering claims, select the second button that is labeled PROF.

PCSS – Entering A Claim



Once you select the professional icon, the Professional Claims Menu opens. Select the enter claims icon in the upper right corner.

PCSS – Entering A Claim

Professional Claim Form

Patient Info & General | Insured Information | Billing Line Items | Ext. Patient/General | Ext. Pat/Gen (2) | Ext. Payer/Insured

LOB MCD Billing Provider 0123456 26 - Patient Control No. JONES12345

2 - Patient Last Name JONES First Name JOHN MI Gen M 3 - Birthdate 03/21/1963 Sex M 8 - Pat. Status MS S ES 1 SS Death Ind 12 SOF Legal Rep. N

5 - Patient Address 1 123 MAIN STREET Patient Address 2 Patient City BOSTON State MA Patient Zip 02110-0000 Patient Phone (617) 555-1234

10 - Patient Condition Related To Employment N Accident ROI A ROI Date / / Other Ins. 3 14 - Date/Ind of Current / / 15 - First Date / / 16 - UTW/Disability Dates & Type / / to / /

17 - Referring Physician's Name (Last, First, MI) SMITH SAM 17a - Referring Phys ID/Type 3214567 1D 18 - Hospitalization Dates / / to / / 20 - Outside Lab & Charges Y/N? 0.00

19 - Reserved For Local Use 22 - Medicaid Resubmission Code & Ref No

25 - Fed. Tax ID 223456789 SSN/EIN S 27 - Provider Accepts Assignment? A 33a - PIN No. 0123456

31 - Provider SOF Y Date 01/01/2005 Facility? Dental? COB? Frequency 33b - GRP No.

Save Cancel

Enter all of the information. You may right click your mouse in the member and provider fields to access the reference file entries you added earlier. It will automatically populate the member and provider information once selected. You may also select the alt & F2 keys to highlight the required fields.

PCSS – Entering A Claim

The screenshot shows a 'Professional Claim Form' window with a blue title bar and a close button. The window contains several tabs: 'Patient Info & General', 'Insured Information', 'Billing Line Items', 'Ext. Patient/General', 'Ext. Pat/Gen (2)', and 'Ext. Payer/Insured'. The 'Patient Info & General' tab is active. The form is divided into three main sections. The top section contains fields for 'Sub', 'Payer ID', 'Payer Name', 'Insured's ID', 'P.Rel', 'Insured's Last Name', 'First Name', 'MI', and 'Gen'. The middle section contains fields for 'Birthdate', 'Sex', 'Sig', 'AOB', 'Insured's Address 1', 'Insured's Address 2', 'Insured's City', 'State', and 'Zip'. The bottom section contains fields for 'Insured's Phone', 'ESC', 'Employer Name', 'Group Name', and 'Group Number'. There are three 'Clear Payer' buttons on the right side of the bottom section. At the bottom of the window are 'Save' and 'Cancel' buttons.

Sub	Payer ID	Payer Name	Insured's ID	P.Rel	Insured's Last Name	First Name	MI	Gen
<input type="checkbox"/>	DMA7384	MASSHEALTH	0123456789	18	JONES	JOHN		M
<input type="checkbox"/>								
<input type="checkbox"/>								

Birthdate	Sex	Sig	AOB	Insured's Address 1	Insured's Address 2	Insured's City	State	Zip
03/21/1963	M	C	Y	123 MAIN STREET		BOSTON	MA	02110-0000
/ /								-
/ /								-

Insured's Phone	ESC	Employer Name	Group Name	Group Number
(617) 555-1234	1			
() -				
() -				

Clear Payer
Clear Payer
Clear Payer

Save Cancel

The MassHealth payer information should auto-populate when entered with the member information in the reference file. If the information does not auto-populate, you may right click your mouse to access the reference file entries you added earlier.

PCSS – Entering A Claim

Professional Claim Form

Patient Info & General | Insured Information | **Billing Line Items** | Ext. Patient/General | Ext. Pat/Gen (2) | Ext. Payer/Insured

Line Item Details | Extended Details (Line 1) | Ext Details 2 (Line 1)

Claim Diagnosis Codes: 1 2 3 4 5 6 7 8

LN	24a - Service Dates From	Thru	24b PS	24c TS	24d Proc	24d - Modifiers 1	2	24e Diagnosis	24f Charges	24g Units	EP	FP	EM	CB	AT	Rendering Physician
1	07/01/2005	07/01/2005	12		T1002	UJ			96.90	10.0						
2																
3																
4																
5																
6																

28 - Total Charge 96.90

29 - Amount Paid 0.00 30 - Balance Due 0.00

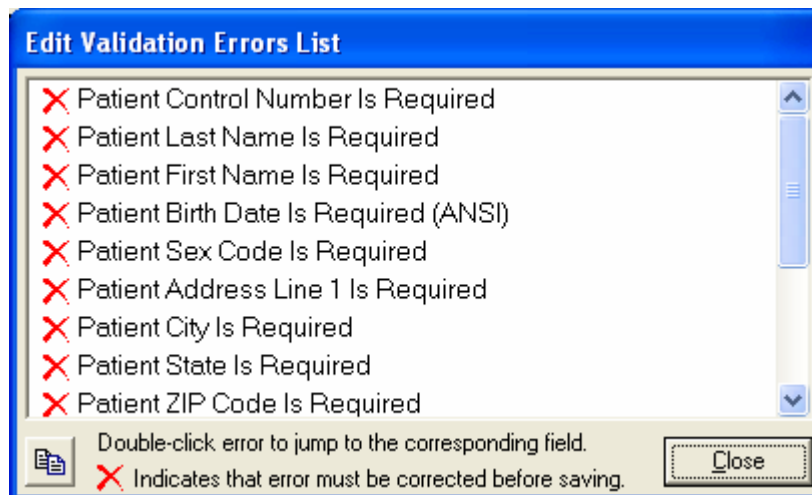
Enter the billing line information. Please be sure to enter the total charges amount for all of the units on each line. You may also select the recalculate button to populate the total charges.

PCSS – Entering A Claim

The screenshot shows a software window titled "Professional Claim Form" with a blue title bar and a close button. The window contains several tabs: "Patient Info & General", "Insured Information", "Billing Line Items", "Ext. Patient/General", "Ext. Pat/Gen (2)", "Ext. Payer/Insured", "Primary Payer/Insured", "Secondary Payer/Insured", and "Tertiary Payer/Insured". The "Primary Payer/Insured" tab is selected. The form is divided into two main sections: "Payer Address & Miscellaneous" and "Insured Miscellaneous". The "Payer Address & Miscellaneous" section includes fields for "Address", "City/St/Zip", "Payer Source" (with a dropdown menu showing "MC"), "PPD/HMO Ind/ID", "Claim Edit Ind" (with a dropdown menu showing "MC"), "TRICARE Sponsor", "Claim Office No.", "Branch", "Grade", and "Status". The "Insured Miscellaneous" section includes fields for "Insurance Type", "Supplemental Ins Ind", "Ins Location Ident", "Medicaid ID", "Card Eff/Trm Date" (with a date range), "Retire Date", "Spouse Retire", "Prior Auth No /Type" (with the value "AB1234"), "Add'l Ref No/Type", and "Patient ID". At the bottom of the window, there is a red error message: "Payer 01 - Referral Number (Type='9F') Is Required when Referring Physician Is Present". To the right of the error message are three buttons: "Save With Fatal", "Save", and "Cancel".

Enter the prior authorization number. This is a required field for your claims. If you do not enter the PA number, the claim will deny.

PCSS – Entering A Claim



If you select the Save button, and there are errors on the claim, you will receive this screen. You will need to correct the errors before the claim will be ready for submission. You may double click with your mouse on an error and it will take you to that field.

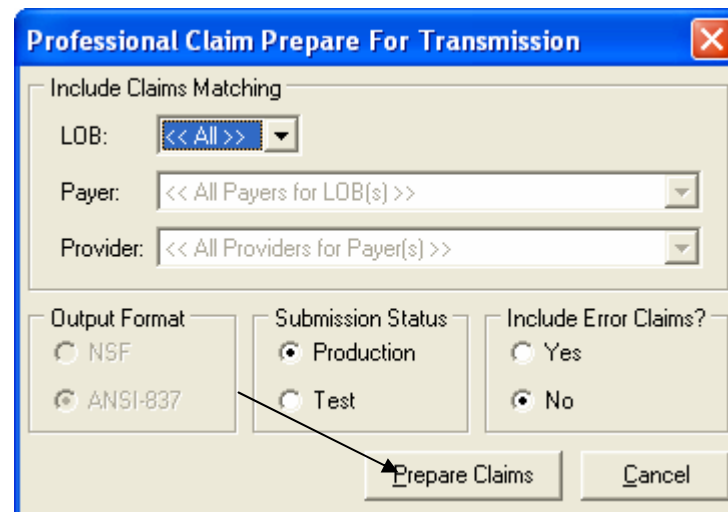
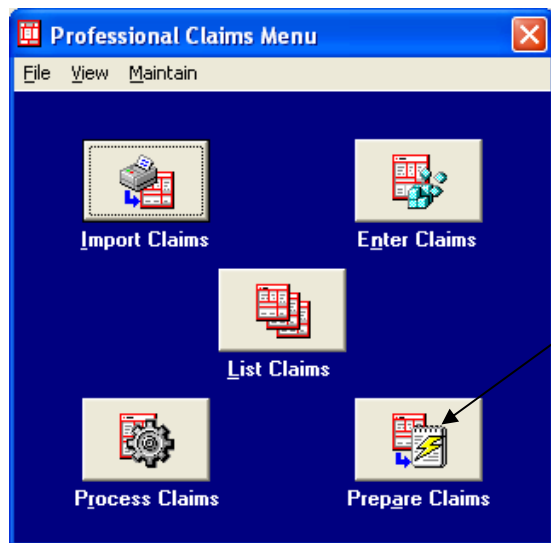
PCSS – Entering A Claim

The screenshot shows a web application window titled "Professional Claim List". It features a menu bar with "File", "Filter", "Actions", and "Reports". Below the menu is a table with columns: Status, LOB, PCN, Patient Last, Bill Provider, Type, Entered, and a partial "S" column. The first row of data shows: Status (checked checkbox), CLN, MCD, JONES12345, JONES, 0123456, Solo, 08/12/2005, and 0. Below the table is a scrollable area. Underneath the scroll area are "Sort By" options: Patient Name (selected), PCN, Entry Date, and Service Date. Below these are "Claim List Filter Options" with dropdown menus for Location (CL -- to be transmitted), Status (<< All >>), and LOB (<< All >>). There are also "Clear Filters" and "Advanced Filter Options" buttons. At the bottom, it says "Checked claim count: 0". The footer contains buttons for "New", "View/Update", "Copy", "Delete", and "Close".

<input checked="" type="checkbox"/>	Status	LOB	PCN	Patient Last	Bill Provider	Type	Entered	S
<input type="checkbox"/>	CLN	MCD	JONES12345	JONES	0123456	Solo	08/12/2005	0

Once the claim has been entered and saved, you will be returned to the Professional Claim List screen. You may select the new button to enter a new claim.

PCSS – Submitting Claims

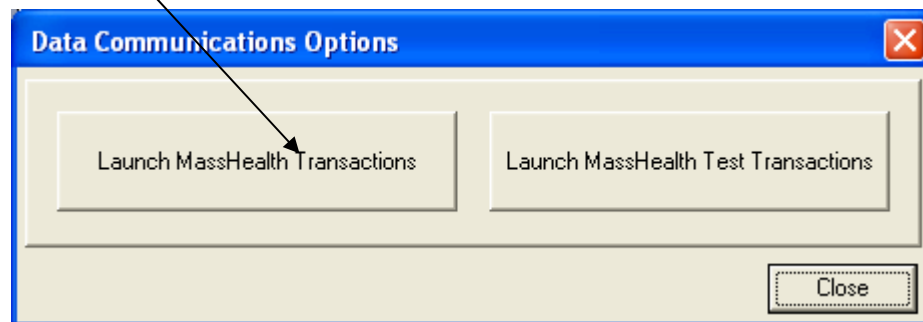
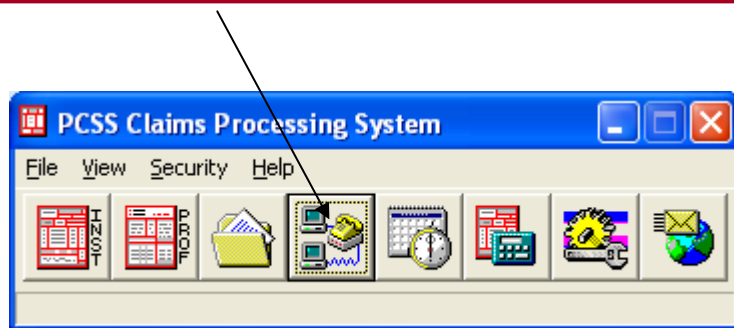


When you are ready to submit your claims, you first need to select the Prepare Claims for Transmission from the Professional Claims Menu.

You will select the Prepare Claims icon.

Once complete you are ready to submit the claims to the web site.

PCSS – Submitting Claims



You are now ready to submit the claims to mass.gov. Select the 4th icon on the PCSS Claims Processing System menu to submit your claims.

It will open the Data Communications Options window. Select the Launch MassHealth Transactions icon.

PCSS – Submitting Claims

The screenshot shows the 'Health and Human Services' section of the Mass.gov website. The date 'August 3, 2005' is displayed. Navigation tabs include HOME, CONSUMERS, PROVIDERS, RESEARCHERS, and GOVERNMENT. A breadcrumb trail shows: Mass.Gov Home > State Agencies > State Online Services. The 'Secure Login' section contains a disclaimer about the EOHHS secure Web site and a 'BE ADVISED' warning. To the right is a login form with a search bar, a dropdown menu set to 'Health & Human Services', and a 'Search' button. Below this is a 'Login' section with 'Username' and 'Password' input fields, a 'Submit' button, and a 'Forgot Password?' link. Two arrows point to the 'Username' and 'Password' fields. The footer includes copyright information and links for Feedback, Site Policies, Contact Us, Help, and Site Map.

Health and Human Services

Mass.gov

August 3, 2005

HOME CONSUMERS PROVIDERS RESEARCHERS GOVERNMENT

Mass.Gov Home State Agencies State Online Services

Secure Login

The Massachusetts Executive Office of Health and Human Services (EOHHS) secure MassHealth transactions Web site is intended for providers and billing agents.

Use of the EOHHS secure Web pages is restricted to authorized users. User activity is monitored and recorded by system personnel. Anyone using this Web site expressly consents to such monitoring and recording.

BE ADVISED: If possible criminal activity is detected, system records, along with certain personal information, may be provided to law enforcement officials.

Search

Health & Human Services

Login

Username

Password

Submit

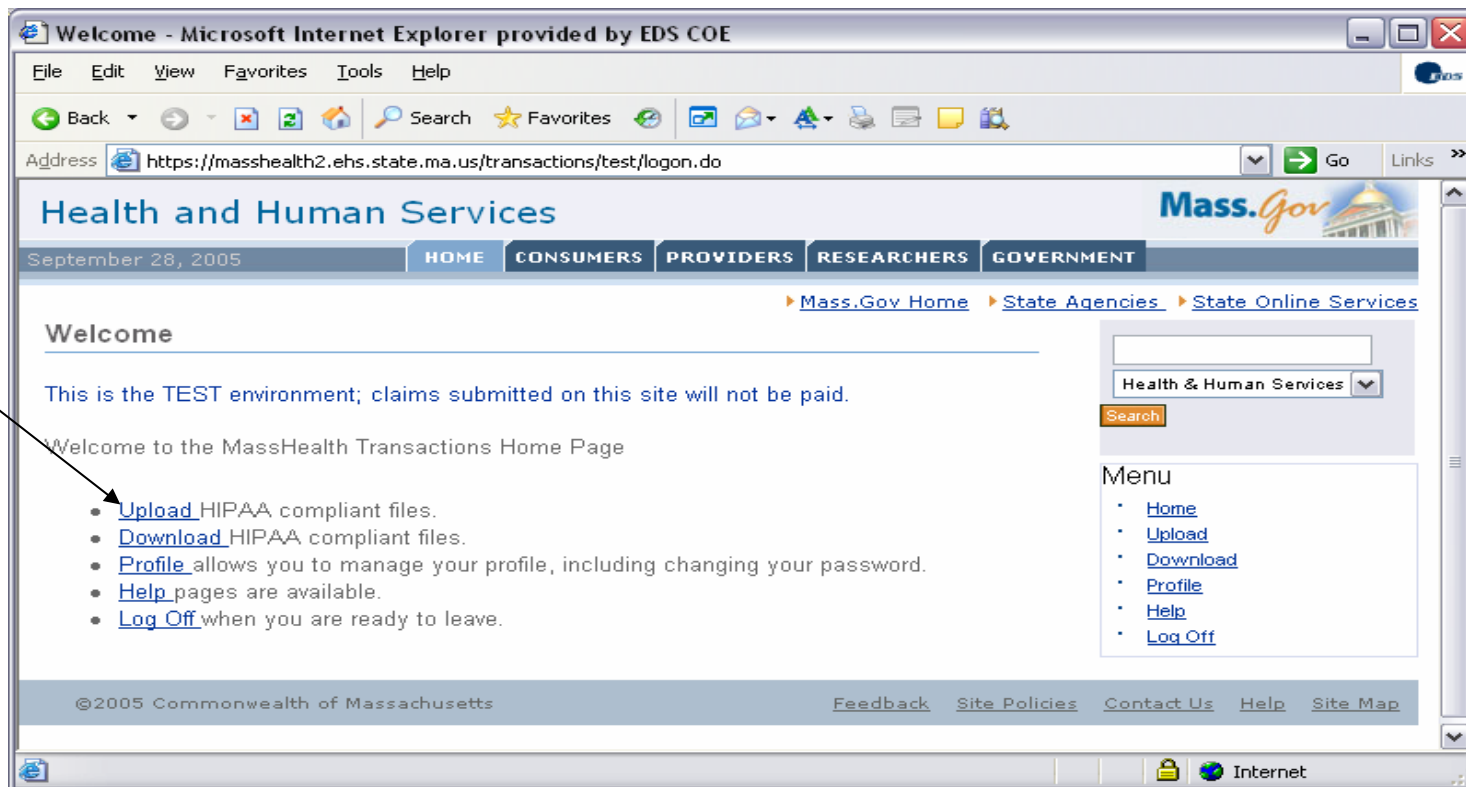
[Forgot Password?](#)

©2005 Commonwealth of Massachusetts

[Feedback](#) [Site Policies](#) [Contact Us](#) [Help](#) [Site Map](#)

The Launch button will bring to you to the MassHealth login screen. Enter the Username and Password assigned to you by MassHealth.

PCSS – Submitting Claims



Once you have successfully logged in, you will come to the Welcome screen. To submit your files, select Upload.

PCSS – Submitting Claims

Upload MassHealth Claims - Microsoft Internet Explorer provided by EDS COE

File Edit View Favorites Tools Help

Address <https://masshealth2.ehs.state.ma.us/transactions/upload.do>

Health and Human Services **Mass.gov**

October 11, 2005 [HOME](#) [CONSUMERS](#) [PROVIDERS](#) [RESEARCHERS](#) [GOVERNMENT](#)

[Mass.Gov Home](#) [State Agencies](#) [State Online Services](#)

Upload MassHealth Claims

Select files by using the **Browse** button and then click **Upload Files**.

Once the upload of file(s) is complete, a Tracking Number will be displayed above for each uploaded file. If more than one file is uploaded, scrolling will reveal the confirmation number for each file.

On the next business day, a 997 Functional Acknowledgement will be available on the Download page for uploads completed by 3:00p.m. Eastern time.

C:\WINPCACE\H1234567.001	Browse...
	Browse...
	Browse...
	Browse...
	Browse...

[Upload Files](#) [Clear](#)

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Health & Human Services

[Search](#)

Menu

- [Home](#)
- [Upload](#)
- [Download](#)
- [Profile](#)
- [Help](#)
- [Log Off](#)

Use the Browse icon on the top to locate your file. The default location of your files is shown above. Once your file is selected, use the Upload Files button.

PCSS – Submitting Claims

Upload MassHealth Claims - Microsoft Internet Explorer provided by EDS COE

File Edit View Favorites Tools Help Links >>

Health and Human Services

June 16, 2005 HOME CONSUMERS PROVIDERS RESEARCHERS GOVERNMENT

Mass.Gov Home State Agencies State Online Services

Upload MassHealth Claims

This is the TEST environment; claims submitted on this site will not be paid.

File:update.txt (size=30913) Uploaded O.K. Tracking Number: 000000001427

Select files by using the **Browse** button and then click **Upload Files**.

Once the upload of file(s) is complete, a Tracking Number will be displayed above for each uploaded file. If more than one file is uploaded, scrolling will reveal the confirmation number for each file.

On the next business day, a 997 Functional Acknowledgement will be available on the Download page for uploads completed by 3:00p.m. Eastern time.

Browse...
 Browse...
 Browse...
 Browse...
 Browse...

Upload Files Clear

Health & Human Services

Search

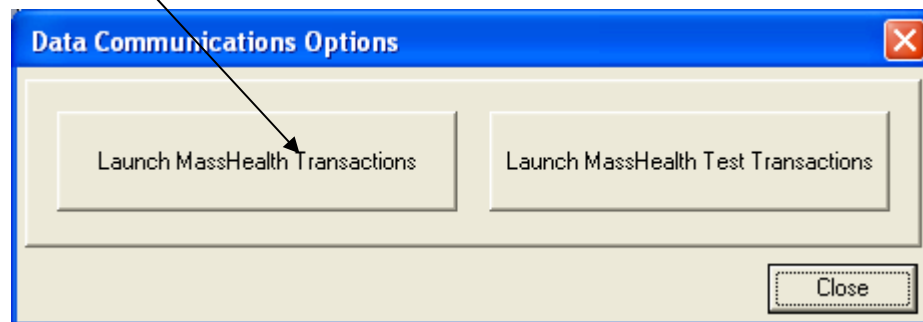
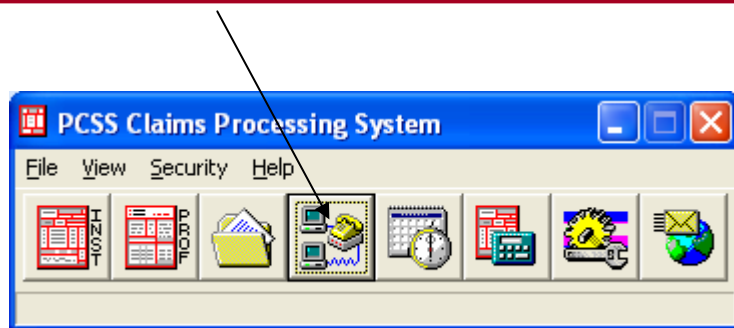
Menu

- Home
- Upload
- Download
- Profile
- Help
- Log Off

Internet

Once the file has been uploaded, you will get a tracking number.

PCSS – Downloading 997



The day following your submission, log back into the web site to download and view your 997 file to validate that your claims were received and accepted or rejected.

PCSS – Downloading 997



The screenshot shows the 'Health and Human Services' website. At the top, there is a navigation bar with links for HOME, CONSUMERS, PROVIDERS, RESEARCHERS, and GOVERNMENT. Below this, a date 'August 3, 2005' is displayed. The main content area is titled 'Secure Login' and contains a disclaimer about the secure web site's purpose and usage. To the right of the text is a search box with a dropdown menu set to 'Health & Human Services' and a 'Search' button. Below the search box is a 'Login' section with fields for 'Username' and 'Password', a 'Submit' button, and a 'Forgot Password?' link. Two arrows point to the 'Username' and 'Password' fields respectively. The footer contains copyright information and links for Feedback, Site Policies, Contact Us, Help, and Site Map.

Health and Human Services

Mass.gov

August 3, 2005

HOME CONSUMERS PROVIDERS RESEARCHERS GOVERNMENT

Mass.Gov Home State Agencies State Online Services

Secure Login

The Massachusetts Executive Office of Health and Human Services (EOHHS) secure MassHealth transactions Web site is intended for providers and billing agents.

Use of the EOHHS secure Web pages is restricted to authorized users. User activity is monitored and recorded by system personnel. Anyone using this Web site expressly consents to such monitoring and recording.

BE ADVISED: If possible criminal activity is detected, system records, along with certain personal information, may be provided to law enforcement officials.

Search

Health & Human Services

Login

Username

Password

Submit

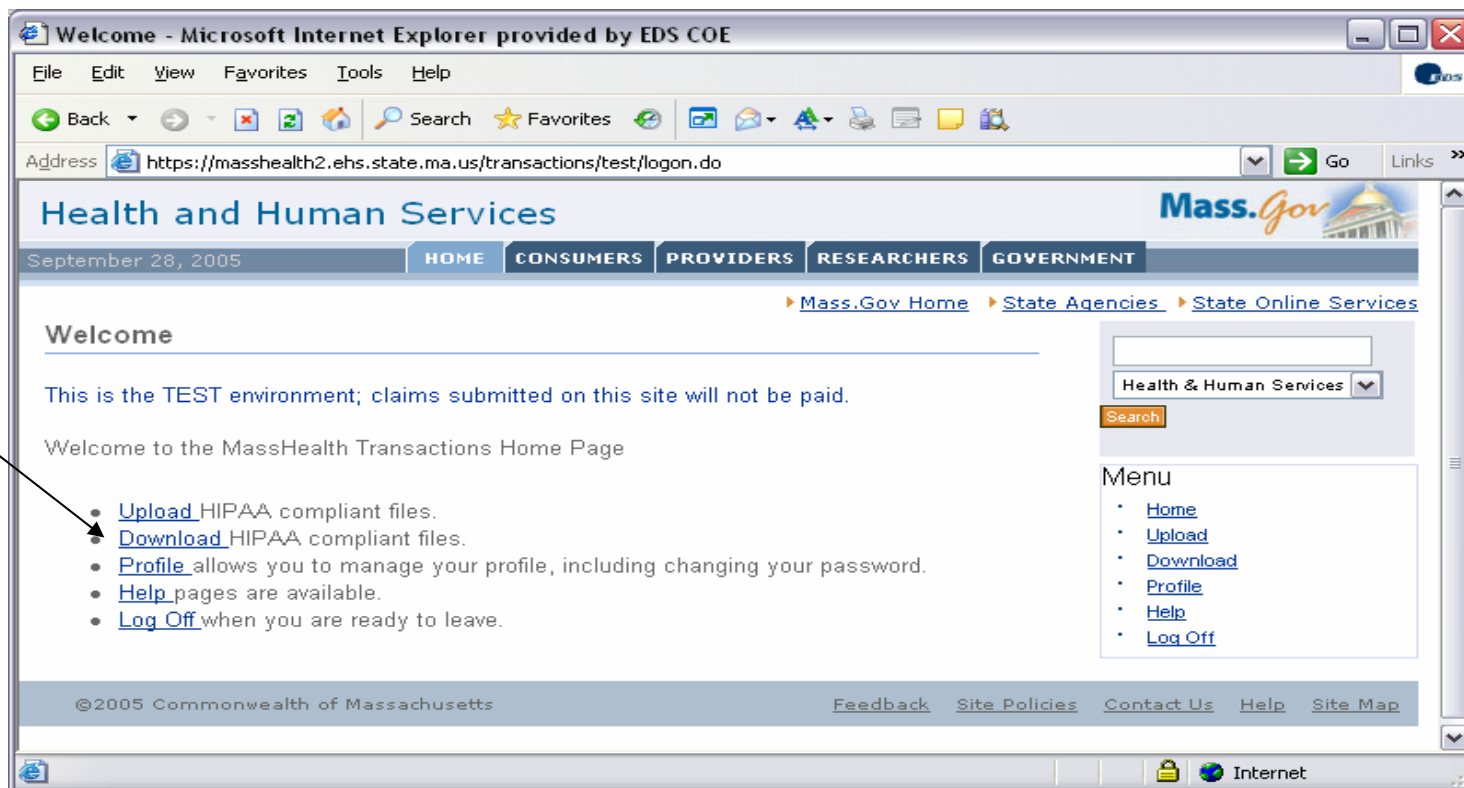
[Forgot Password?](#)

©2005 Commonwealth of Massachusetts

[Feedback](#) [Site Policies](#) [Contact Us](#) [Help](#) [Site Map](#)

The Launch button will bring to you to the MassHealth login screen. Enter the Username and Password assigned to you by MassHealth.

PCSS – Downloading 997



Once you have successfully logged in, you will come to the Welcome screen. To download your 997 file, select Download.

PCSS – Downloading 997

Health and Human Services

Mass.gov

CONSUMER PROVIDER RESEARCHER GOVERNMENT

Mass.Gov Home State Agencies State Online Services

Download Files

This is the TEST environment, claims submitted on this site will not be paid.

File Selection

Provider ID: 1234567

File Status: All

File Type: All file types

Max Files to List: 10

Search

Files Available 4 Files Listed 4

File Name	Create Date	Download Date	Size	Zipped
1234567_997.dat	04/09/2005	04/21/2005	20 (Bytes)	Zip Format
1234567_997.dat	04/08/2005	04/22/2005	44 (Bytes)	Zip Format
1234567_835_R1234.dat	04/08/2005	04/26/2005	20 (Bytes)	Zip Format
1234567_820_15.dat	04/08/2005	05/03/2005	44 (Bytes)	Zip Format

Menu

- Home
- Upload
- Download
- Profile
- Help
- Log Off

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Feedback Site Policies Contact Us Help Site Map

Download and view your 997 file by selecting the file under Files Available for Download and then selecting Download under Menu on the right side of the screen.

PCSS – Reading The 997

The 997 Acknowledgement

The 997 is sent after a claim is electronically submitted to inform the submitter whether the file was accepted or rejected. If a file is accepted, no action is required from the submitter; if it is rejected, the submitter will need to correct the errors and submit a new file to MassHealth. The AK9 segments indicates whether the file passed compliance; if it did not, it gives coded reasons for the rejection in segments AK3 and AK4.

- If all segments appear as **AK9*A**, the entire file was accepted
- If any segments appear as **AK9*R**, it was rejected
- If any segments appear as **AK9*P**, it was partially accepted
- Error Codes appear as:
 - AK3 segment: AK3*NMI*222****3** (Error code is '**3**')
 - AK4 segment: AK4***8****1 (Error code is '**8**')

Most Common Error Codes *(A complete list in Appendix B of the Implementation Guide)*

Error 1: Mandatory data element missing
Error 2: Conditional required data element missing
Error 3: Mandatory segment missing
Error 5: One or more segments in error
Error 6: Invalid character in data element
Error 8: Segment has data element errors
Error 10: Requested service not available

PCSS – Contact Information

If you have questions regarding the software you may select the Help option from the main menu, contact MassHealth Customer Services at 800-841-2900 and ask for PCSS Support, or you may select the last icon to send an email with questions.

